# Oral Hygiche 16 32

AUGUST 1959

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In this issue: INVESTMENT CLUB FOR DENTISTS



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as part of the

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100th Anniversary Meeting

### A Closed Circuit 'Live' Television Presentation

# "Practical Demonstrations of Oral Surgery"

At The New York Hospital—Cornell Medical Center Surgery by STANLEY J. BEHRMAN, B.A., D.D.S.

Associate Attending Oral Surgeon

Commentary by George F. Egan, D.M.D.

Attending Oral Surgeon-in-Charge Assisted by the Dental and Oral Surgery Staff

Date: September 17, 1959, 9:00 A.M.

Place: Surgical Amphitheater, The New York Hospital

This program is being supported by Whitehall Laboratories, makers of Kolynos Toothpaste and Anacin Tablets, in recognition of the scientific and educational achievements of the American Dental Association. Admission by reservation only.

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# The Publisher's CORNER

By Mass



No. 457

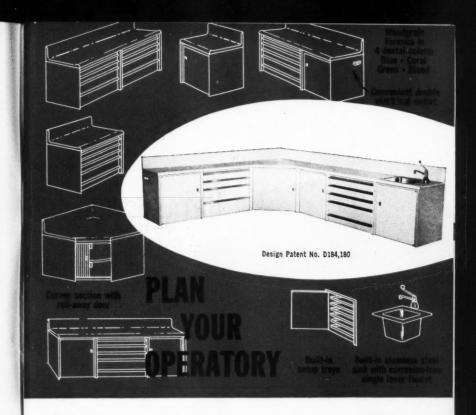
### **Thoughts While Thinking**

"We grow too soon old und too late shmart," a Pennsylvania-Dutch friend of mine warns me. He's right as rain, that boy. I shall always be grateful to Doctor W. T. Disch for introducing us—at rather long range I must admit.

The doctor himself is secretary of Winnecone Lodge (Wisconsin) No. 186, F. & A.M., of which I appear now to be a courtesy member—thanks to the doctor's wand-waving.

Do I know what goes on in Wisconsin? Ask me! For example, how's hay in Wisconsin? Quick like a flash, comes a postal from Doctor Disch. "Wisconsin needs some rain. A week ago, I put up 210 bales of hay upon which no rain fell after it was cut, and none has fallen since."

But what about Pennsylvania-Dutch cooking? Hay is just fine for horses, but what cooks with the shoo-fly pie for example? In all my creaky life, I have had only one wedge of it, and I could be coaxed with some more. The doctor is not officially a Pennsylvania-Dutchman himself, but apparently he manages



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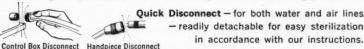
Note the small Weber head in the molar region of a four-year-old child. There's plenty of room all around it.



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to get his thumbs in the cookie jar fairly frequently. Move over, friend!

Brother Disch explains a little:

"My mother's mother was a Pennsylvania-Dutch girl living with her folks at Germantown when she met Grandfather—a wounded boy in blue from Minnesota's Immortal First Regiment of Infantry who covered themselves with glory at Gettysburg."

\* \* \*

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For years, every now and then the CORNER has solicited sympathy for some of its baffling problems, which somehow continue to stay baffled. Let us pause again and repeat this CORNER'S first sentence: "We grow too soon old und too late shmart."

A somber thought this June day (oh what is so rare as).



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Tapered spindle with left hand thread ......\$2.50

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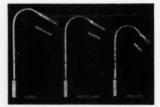
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BIBLIOGRAPHY: 1. Muhler, J. C., Radike, A.W., Nebergall, W. H. and Day, H. G.; J. Dent. Res. 33:606 (1954). 2. Muhler, J. C., et. al.; J. A.D. A. So:163 (1955). 3. Muhler, J. C., et. al.; J. Dent. Res. 35:49 (1956). 5. Jordan, W. A. and Peterson, J. K.; J. A.D. A. 58:498 (1957). 6. Muhler, J. C. and Radike, A.W.; J. A.D. A. 58:49 (1957). 7. Jordan, W. A. and Peterson, J. K.; J. A.D. A. 58:49 (1959).

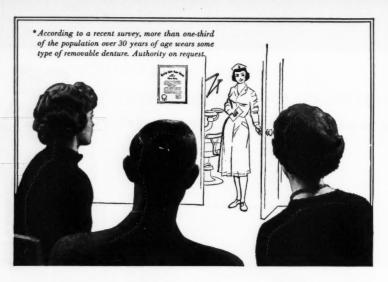
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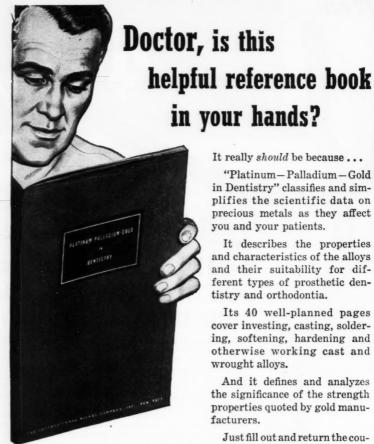
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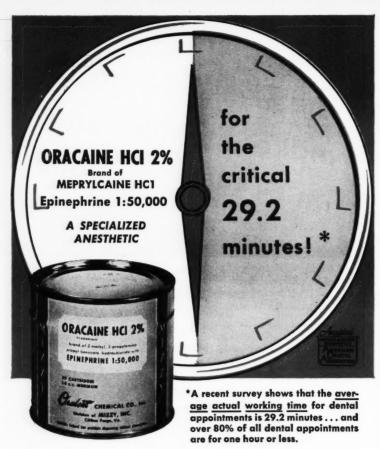
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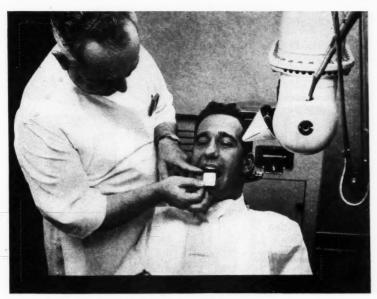
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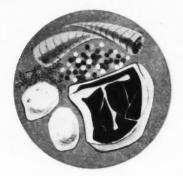
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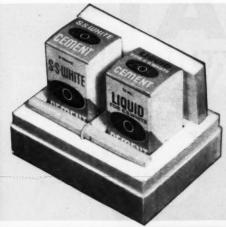
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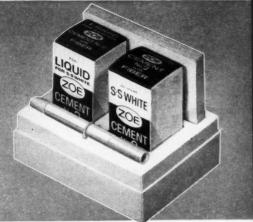
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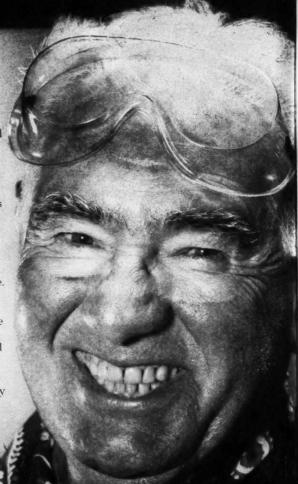
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### VOL. 49, NO. 8

# Oral Hygiene AUGUST 1959



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# Bleeding Gums Respond to Oxygenation

Recent studies interestingly point up the fact that inflamed gingival tissues need and respond to oxygenation.<sup>1</sup>

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- Oxygen uptake by normal and inflamed gingiva and saliva. Schrader and Schrader. Helvets. odont. acta. 1:13-16, (April) 1957.
- Behrman, S. J.; Fater, S. B.; Grodberg, D. L.; An Evaluation of Oxygenating Agents in the Treatment of Gingival Inflammation. J. Dent. Med., (October) 1958.
- 3. The New York Hospital—Cornell Medical Center. Presented as a Scientific Exhibit at the American Dental Association Annual Session, (November) 1957.

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# Picture of the Month



A patient is treated at Riseman Dental Clinic in Boston's Beth Israel Hospital by Sister Mary Christina, a Catholic nun, who served her internship at the hospital. Sister Christina, daughter of Mr. and Mrs. John P. Tilk of Menomonee Falls, Wisconsin, elected to study dentistry after taking her vows in 1951. A member of the Missionary Sisters of the Society of Mary, Sister Christina is the first of her order to become a dentist and the only nun to be a member of the Massachusetts Dental Society. She plans to set up a dental clinic in the Pacific area.

-Photograph by Wide World.

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



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Kerr Diamond Grip Forceps grip the tooth securely. The Diamond particles bite into the surface of the tooth eliminating the danger of slippage. The tooth is securely held with less pressure thus minimizing the danger of crushing the crown or breaking the roots. Forces formerly required to grip the tooth can now be used in its skillful removal.





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# Investment Club for Dentists

#### BY ARTHUR H. LEVINE, DDS

A congenial group of dentists can enjoy learning about the stock market while making regular monthly investments.

Today, more persons have invested more money in the stock market than ever before in the history of the country. The compelling reason has been inflation. Most of us have learned that a hundred dollars deposited in a savings bank ten years ago is worth only about seventy-five dollars in current purchasing power.

The government is not happy about inflation but is unable or unwilling to do anything about it. So long as the race with Russia goes on, federal deficit spending and inflation will continue.

What does this mean to the average citizen? It means that he must take his money out of the bank and put it into some tangible asset. For most of us that means stocks. Except for emergency reserve funds, accumulated savings will be much better off in the stock market than in the bank.

Many dentists feel that handling a full-time practice is enough to do, without trying to learn a new business. For them, the mutual funds would be an appropriate form of investment with its diversification and expert administration. Others, however, prefer to choose their own stocks despite the fact that it takes considerable study and constant attention.

Probably the largest group of dentists are those who are eager to invest in the stock market, but have hesitated because of the hazards involved or through lack of proper investment knowledge. For this group, the investment club would be a sensible first step.

Although a national association of these clubs now exists (so rapidly have they grown in the past few years), an actual count is difficult to make since only a small percentage of clubs have joined the association. A conservative guess of the number of individuals investing through clubs today would be about 300,000.

Investment clubs can be a source of fun as well as profit. The social

side of meeting regularly in order to discuss stocks should not be overlooked. It can provide many an entertaining evening. Clubs of all kinds are popular in this country: bridge, poker, chess, music, sewing, theater, athletic, boating -to mention a few. In all of these the social part is significant. The same holds true for the investment club. After all, what could be more delightful than meeting with congenial colleagues of your own choice in order to make money as well as have fun propounding economic theories?

#### **Members Decide Setup**

There are almost as many different ways of setting up a club as there are clubs. Members can arrange things exactly as they wish. Clubs all have a name, often a humorous or satirical one. Like boat owners, club members have a propensity for name-coining: The Crazy Corner Club (each member lived on a corner); The Who-Needs-Brains Investment Club; The Bilge Club (a group who worked on tug boats); The Hornet Club (implying you might be stung).

Some clubs are heterogeneous in the sense that members come from different professions or callings. Here you may find a florist, a lawyer, a real estate salesman, an accountant. The club may have grown that way naturally or it may have been intentional. A few clubs insist that there is an advantage in having at least an accountant and a lawyer in the crowd. Certainly, someone will have to keep records and accounts, and someone should know the legal responsibilities involved in forming a club. Cases are known in which an irate member has withdrawn and has threatened suit. Generally speaking, however, most skills necessary for the successful running of an investment club can be found among the members no matter how they make their living.

Homogeneous groups, such as those composed entirely of dentists, or of physicists, or policemen, are quite popular. A club made up completely of dentists would have some advantages. All the members would have similar educational backgrounds, similar problems, and similar economic standing. It is better if the earning levels of the members are not too disparate, and their interests not too different if harmony is desired.

Here are a few recommendations based on the experience of many clubs across the Nation:

- Keep the membership small, between ten and fifteen. A large group can be unwieldy. In addition, it is better if everybody participates. There are a number of jobs and some committees to fill but not enough to require a large membership.
- Payments into the kitty must be regular. It can be on a weekly basis or a monthly. Regularity is the important consideration. Keep

the sums (or dues) small enough so that regularity will not be impaired. Some clubs operate on \$10 a month; others go as high as \$500. Payments should be comfortable for each member.

3. Invest in stocks with unwavering regularity. Let us assume that the members have all agreed on the stock (or stocks) in which to place their funds. Just as dues are paid regularly, so must stocks be bought with the same regularity.

#### **Dollar Cost Averaging**

For example, let us say that the club has twelve members, each paying ten dollars a month. That means that the club has \$120 which must be invested each month. The members have decided that General Electric is the security they want. The club is now ready to buy \$120 worth of General Electric common stock every month, no matter whether the market is going up or down. If one month the stock is guoted at 120, the club will be in a position to buy exactly one share. But if the following month the price of General Electric drops to 60 (the figures are hypothetical), then the club will buy two shares. In other words, the club will purchase \$120 worth of the stock regardless of the number of shares involved.

This principal is called dollar cost averaging. It is one of the best safety devices in the investment field. It will not produce large fast profits, but it will provide moderate gain with almost no risk. The Monthly Investment Plan, sponsored by the New York Stock Exchange, operates on this principle. Its success is predicated on the fact that over the long range the market keeps climbing, despite the small hills and valleys in between.

Not all clubs use dollar cost averaging. Some prefer the more speculative experience of buying and selling at will. Under this system the profits can be larger but the risks are considerably greater.

The greatest disadvantage in an investment club is the conflict of personalities. It is difficult to tell in advance how each one will react. Having even one partner in a business can be trying under certain circumstances. Think what it means to have ten or fifteen. One man who was invited to join a group said, "I'm not letting twelve other jerks decide what I'm going to do with my money." Obviously, he did not belong in a club. But not everyone is that outspoken and easy to spot.

Members sometimes drop out or move away and their places are not easily filled. This can cause a break in the regularity of the program, particularly if dollar cost averaging is employed.

Meetings must be held regularly. Attendance is important and should be stressed in the beginning. The inclusion of members who drag their feet when it comes to being present at meetings will, in the long run, throw additional responsibility on other members. A fair division of labor can be established since there is enough work for everyone. All the work is interesting and informative, provided you are the type who likes investing in stocks and all that it entails.

These are a few of the highlights of investment clubs. By no means do they tell the whole story. If you are actually ready to form an investment club for a group of dentists, here are some of the steps. First, select members who are congenial. This cannot be stressed too much. Much future friction can be avoided by considering each member carefully. Within the practice of dentistry, in a given locality, it should not be difficult to know "who is who."

#### **Brokerage Firms Give Help**

After the group has been formed, go directly to a brokerage firm with an established reputation and ask for help. A well-qualified representative will call on the group at an appointed time. Many brokerage houses look kindly on investment clubs today and, as a result, will offer all kinds of help. Their representative will help set up the mechanics of the club and will supply all kinds of information about clubs. Samples of by-

laws used by other clubs will be available as well as their experiences. Reams of material on stocks will also be offered. And the club will be on its way.

Aside from the possibility of making a little money, the club can serve as a meaningful introduction into the mysteries of stock market procedures. This, in the opinion of some experts, is its most important function. Sooner or later, the individual may feel that his investment requirements are different. At that point he will be ready to branch out on his own.

One last word of caution. A certain amount of risk is inherent in the purchase of almost any security. No one can guarantee anything when it comes to the stock market. It would be wise, therefore, to limit the amount of money invested. Do not use any sums which would constitute a severe sacrifice if lost.

But all is not black. Even the beginning of dental practice was a speculative venture for most of us. There is nothing wrong in taking a good, calculated risk. It is in fact difficult to go through life without taking a few. An investment club is a good, calculated risk that may pay off handsomely.

8 Beacon Hill Road Port Washington, New York

## "I Like

# My Dentist

Because ..."

BY CHARLES P. FITZ-PATRICK

Many more than the customary "twenty-five words or less" went into the verbal completion of "I like my dentist because..." by a cross section of men, women, and young adults living in urban and suburban communities and a resort area. The purpose was not a contest, just a fact-finding survey.

Those who expressed themselves had no difficulty pin-pointing their individual reasons. Each one had a ready story and appeared interested in detailing it. One twenty-nineyear-old housewife reached back a dozen years to an experience a few days before her senior class dance.

In unladylike fashion she had tumbled that day over the handlebars of a bicycle and chipped a generous-sized triangle from an upper incisor. Her dreams of the dance also fell into confusion. The



Patients are impressed by other than dental services in elevating practitioners to full professional stature.

dentist to whom her mother rushed the teenage girl went about the task of restoration almost automatically, she recalls. "In his friendly, understanding way Doctor S concentrated on calming my emotional distress," the now adult patient said. "He assured me my smile would be as winning as ever and the boys at the dance would find me beautiful."

With a chuckle the woman added, "Doctor S may have stretched the truth that afternoon, but he proved he excelled at psychology, as well as dentistry. I did have a good time at the senior dance, and his dental restoration is still in service." This housewife has continued as one of the dentist's patients, her husband has become one also, and a three-year-old son will soon be added to the dentist's patient list.

In answering the "I like my dentist" query a man in his forties explained that it was an unrequested appointment made for him by his dentist that converted him from a casual to a dedicated patient. He had been calling on the dentist for professional care every seven or eight months for a number of years when the company where he was employed moved to a distant location and left him without a job.

When the regular time for him to arrange an appointment came around he did not telephone. He was not working. More months went by without his search for employment bringing results, and then came the call from the dentist's office announcing that an appointment time had been set aside for him. The dentist had learned he was not working and knowing that his line of work required him to meet the public he had taken this step to make the once regular patient presentable should he be called in for a job interview.

"Later when I reestablished myself economically I insisted that my
dentist accept payment," the patient explained. "He tried to brush
aside my offer, but finally agreed
on a figure I know was below his
normal fee." This man admits the
dentist's action was a bit unconventional, even though the professional man's thoughtfulness did
give his morale a boost just when
it was at a low point. "The dental
care certainly did strengthen my
confidence as I went around looking for work," the man explained.

#### Nonprofessional Qualities Impressive

Most of those who spoke about their dentist-patient relations made few references to the dental operations performed in their mouths. They accepted professional qualifications without question, but were impressed by the human qualities of the dentists about whom they talked. A hotel manager elaborated on this when he said, "Too many reluctant dental patients automatically associate a dentist with his drill. That's a negative approach to better oral health, and probably

results from looking at cartoons with dental office themes or taking television comedians' dental jokes seriously."

Those qualities that win the respect and admiration of patients are not always recognized by the dentists who display them. This was checked on after a mother told how her family's dentist arranged to "ease" their young son into the chair for his first dental office experience. "Doctor N asked me to bring five-year-old Ralph along when I had an appointment. He was permitted to roam about and even watched as I had my dental needs attended to," the woman explained. The following week the two returned, this time for the youngster's appointment. "Doctor N first talked with my son in the reception room. The friendly manto-man talk fully relaxed the boy and he was completely 'at home' when the dentist suggested that he sit in the chair." Asked to comment on his technique for winning the confidence of a new young patient the dentist readily admitted the results were mutually beneficial. "The few extra minutes I spent with the boy," he said, "saved me that much time and more when he got into the chair."

In one other instance a dentist who attempted to economize on time and possibly prevent some financial difficulties learned that his efforts pleased a patient. It had been his practice to bill a twentyfive-year-old stenographer only after her final appointment. When the girl referred to the difficulty she sometimes experienced in paying such bills all at one time, this dentist suggested a pay-as-you-go plan. He also agreed to schedule appointments immediately after the patient's paydays. This system has reduced the dentist's billing costs, and equally important, it was welcomed by the girl as a happy solution to a troublesome financial problem. She mentioned it immediately when asked to express herself on the "I like my dentist because" subject.

#### **Favorable Symbol Needed**

A man who heads an industrial relations department offered the broad statement, "I like him as a dentist and as a man." But then he added, "In my opinion there has been a need for an image of a dentist that would characterize the entire profession. You know, sort of a symbol." Without saying it, he was probably thinking of the figure that novelists and play producers call upon to portray the medical practitioner. Invariably this man is identified as possessing great mental strength, understanding, and professional skill. He is untiring in ministering to human ills, and is humanized by the thoughtfulness with which he occasionally forgets to render bills for his services.

According to industrial relations experts it is not the legend-like qualities of such a symbol that are (Continued on page 48)

# So You Know Something About DENTISTRY! ? ? ? ? ?

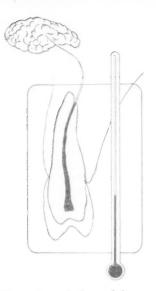
By ROLLAND C. BILLETER, DDS

#### **Quiz 179**

- The theories advanced for the formation and deposition of salivary calculus are (a) physical or physicochemical, (b) nervous, (c) bacterial, (d) systemic.
- 2. True or false? The only one who is likely to be hurt by scattered radiation is the dentist himself.
- The main factors involved in normal speech are (a) breath control, (b) phonation, (c)

- proper eruption of teeth, (d) articulation.
- 4. What is the most useful agent for resuscitation?
- 5. Inlay castings that come out overexpanded and "loose" indicate that (a) more, (b) less, compensating expansion is needed.
- True or false? Abutment root form and the status of its support may well be the critical factors in determining the election or rejection of partial denture service.
- The pulp can be insulated (a)
  more, (b) less, easily from
  thermal conductivity with intermediate base materials in
  amalgam rather than gold restorations.
- 8. With progressing age is the mucosa susceptible to even minor irritating stress?
- 9. There are (a) about 2900, (b) approximately 4100, (c) over 6000, dental laboratories in the United States.
- 10. If a cement margin becomes exposed is there an increase in the reduction of insulating ability?

FOR CORRECT ANSWERS SEE PAGES 70 and 71



# Consultation Clinic: a Look Inside a Toothache

BY ARTHUR ELFENBAUM, BA, DDS\*

A discussion of the pulp's external and internal protective devices that are affected by dental disease.

When a pulp is irritated by caries, or a deeply placed restoration, a moderate trauma, extreme temperature changes, chemicals, or any of the other insults to which teeth are subjected, the earliest reaction is a dilatation of the arteries which enter through the apical foramen. This arterial (active) hyperemia

is a physiologic response to defend the pulp. The increased volume presses on the nerve fibers in the pulp and they, in turn, perform their specific function of sending a pain message to the brain. It is also possible that the odontoblasts within the pulp are in a way responsible for the sensitivity of the dentine through their cytoplasmic extensions into the dentinal tubules, although the conductivity is not neural, they warn the pulp of impending danger.

If warmth is applied to the irritated tooth, the sensation is relieved. The pain becomes sharp when the heat or cold is increased, or the patient may report the same symptoms from hot or cold drinks. Since the pulp's irritation level is

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reduced, the response to the electric test is quicker than from other comparable teeth. A roentgenogram taken at this stage does not reveal any evidence of pathology, but it may indicate conditions which might cause it. The important diagnostic feature in arterial hyperemia is that if the thermal or electric test causes pain, the sensation disappears when the stimulus is taken away. If the causative factor of the toothache is removed and a sedative dressing of zinc oxide and eugenol is applied, the nerves which are located in the blood vessel walls and control their dilatation and contraction, cause a reduction in the volume of the arterial vessels. The hyperemia is reversed and the pulp returns to normal.

Should the hyperemia continue because the irritant is not removed. the condition degenerates into an acute pulpitis. The pressure on the nerve fibers persists and the stretching of the nerves in the walls of the arteries adds to the discomfort. Temperature changes, especially cold, and the electric test cause severe pain, and when these stimuli are discontinued, the pain does not subside readily. Although the pathology is no longer reversible and the pulp is destined to die eventually, its heroic efforts to preserve itself are worthy of study, especially since they relate to the various methods of treatment recommended in endodontic literature.

The pulp contains a number of defense cells which are now called into action. Among them are histiocytes (normally seen resting in the capillaries), undifferentiated mesenchymal cells (they usually lie on the outside of the blood vessel walls) and lymphoid cells. When irritated, they migrate into the inflamed area and exert their phagocytic influence by destroying the noxious material. The venous vessels also attempt to carry off the accumulated waste, but they become congested and a venous (or passive) hyperemia ensues. The stretched walls of the smaller blood vessels rupture and permit many polymorphonuclear leukocytes and serum to ooze into the pulp which becomes edematous. The lymphatics add to the volume. The delicate odontoblasts are crushed and destroyed so that secondary dentine, another defender of pulp tissue, cannot be formed, and the sensitive extensions into the dentinal tubules no longer function as warning agents.

Bacteria may invade the pulp chamber in the crown of the tooth, or toxic bacterial products from carious dentine may gain entrance to the chamber and cause a pulpal abscess to form, but it is remarkable that the apical portion of the pulp is still generally free from bacteria! This is of vital importance in endodontic treatment, because overmanipulation with instruments may force toxic matter through the apical foramen and

destroy the marvelous defense which nature has established. If the pulp space is still closed toward the crown, the contents may not be contaminated yet, and the degenerated tissues may be sterile. The nerve tissue continues to fight for its life, and vital strands may still exist in the space. A roentgenogram would probably be negative, since all the pathology is "entombed," although a possible fibrosis or calcification of the dead and dying matter may show some radiopacity.

A heat test applied at this time could elicit a slow response from the few vital strands, or, what is more likely, the heat may expand the fluid in the pulp space, forcing some of it through the foramen into the periodontal membrane, which becomes inflamed and painful. Cold shrinks the contents and the tooth feels more comfortable. The electric test does not create heat; it should be negative, because it tells only one thing-that the current is or is not being conducted. However, it is possible for the current to pass through fluid, and a misleading reaction may be obtained. If the current is increased excessively, it may leak externally to the gingivae and periodontal membrane, thus affording another deceiving symptom.

In multirooted teeth the degenerative process may not affect all the pulps, and a vital response may be obtained from the unaffected parts. If there is a communication from the pulp space to an opening in the crown, the accumulating pulpal matter may find an "escape hatch" and there will be little or no pain symptoms during the entire pathologic process.

In most cases the congestion continues, blocking the foramen, and all vitality in the pulp succumbs to strangulation. The enclosed necrotic matter may suppurate and become gangrenous, or putrefy and form gas, or it may become dessicated and remain as a dry gangrene. Fluid or gas is forced through the foramen with pain in the periodontal membrane. The inflammation raises the tooth in its socket, making it tender to percussion and to the patient's bite. When the patient bends or lies down, the periapical pain is dull and throbs. The pathology then spreads into the periapical bone, but a roentgenogram does not show a radiolucency until the bone tissue breaks down and is washed away by the blood and lymphatics. The radiolucency may represent a granuloma, abscess, or cyst. An abscess may progress through the bone, creating a fistulous tract which opens onto the oral mucosa or skin of the face and causes severe pain when it breaks through the periosteum.

431 Oakdale Avenue Chicago 14, Illinois



# Practice Administration Thought-Provokers

#### BY CHARLES L. LAPP, PhD, and JOHN W. BOWYER, DBA\*

#### The Proper Use of Life Insurance

Most business men are so enmeshed with the day-to-day problems of their business that little, if any, time or energy is left to make the best use of their assets, including life insurance. In this connection among the best assets (intangible) which any business man can possess are a capable attorney and a capable auditor. The word "capable" assumes that each keeps up with the changes occurring in the law as the result of new legislation, administrative rulings, and court decisions. What doth it profit a man to make a fortune, then pay out a great part of it in the form of unnecessary taxes to the government? Thus a man with a real desire to provide well for his loved ones (and this includes all of us) should confer with his "two best assets" (his counsel and auditor) and plan his estate so as to make the best use of it, taxwise and otherwise. Periodic review, particularly where changes occur in the law, "estate" values, or in one's family, should be made.

From time to time various tax-saving techniques, in so far as they apply to life insurance, will be presented, primarily with the hope that they will stimulate your thinking and induce action.

The action mentioned here suggests a parallel to your own practice and profession. If you believe your patients should come in for periodic checkups, you should make the same periodic checkups of your financial planning. Not only do laws change but your financial obligations and objectives change.

#### For Those Seeking Perfect Weight

Previously in this column your attention was called to Earl Nightingale's record, "The Strangest Secret," which many dentists have applauded as being extremely thought provoking and inspiring. This same

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Earl Nightingale has recorded another record titled, "The Secret To Perfect Weight." In this recording, Mr. Nightingale tells you why you are overweight (not one person in a hundred knows the true reason). He tells you exactly what overweight can do to you. And more important—he tells you how to get down to your proper weight fast—and then stay there for the rest of your life. Both "The Secret to Perfect Weight," and "The Strangest Secret," are available from Sales Success Unlimited, 7162 Pershing, St. Louis 5, Missouri, for \$5.25 each (which includes all costs of mailing and handling).

#### Do You Want to Practice More Dentistry?

The "how" can best be answered by quoting some statistics from the University of Michigan Workshop study on how dental services might be organized to care for more people. These studies indicate that, by employing one assistant, a dentist can increase his weekly patient load approximately 36 per cent and, by employing two assistants, he can increase his weekly patient load by approximately 68 per cent.

#### Improve the Assistance and Stature of Your Auxiliary Personnel

Doctor Donald S. Ashley in the March 1959 Bulletin of the Fifth District Dental Society of New York states:

"There are many answers to the problems of training and utilizing auxiliary personnel. For those already employing auxiliaries additional programs through the local and state society are available, and some commercial management companies offer assistant training programs at moderate fees. The attendance of our auxiliaries at the meetings of the Syracuse Dental Assistants Association, or with other groups of similar nature in other areas, cannot help but provide for the mutual interchange of valuable job skills and knowledge. A movement is under way at this time by the President of the Syracuse Dental Assistants Association, Mrs. Jane Brand, to introduce a postgraduate course of 104 credit hours in the fall of 1959 for the training of local auxiliary."

#### An Idea For a Local Dental Study Club Meeting

If you and your colleagues want to improve your patient relationships, why don't you try this idea at one of your dental study club meetings. Have each participating dentist bring with him to the meeting a dental patient he knows reasonably well. Then have each dentist interview some patient other than the one he brought. After the interviews are conducted, then the patients could be dismissed. Each dentist would summarize the description of his patient and how he felt the patient he interviewed should be handled.

August 1959

#### The Uncommon Man

Crawford H. Greenwalt, President of E. I. du Pont de Nemours Company, makes this observation in a book recently published by McGraw-Hill, "The United States was founded on the conviction that society can profit most through emancipation of the individual from all forms of power—economic, political, or social—which impose unnatural restraints against his full development. Hazardous as such consequences may be, it seems to me that the most serious question to be raised about the present tax system is not so much in the area of economics or politics, but in the field of morals. What an astonishing paradox we present: We set extraordinary standards of achievement and accord them great popular acclaim. Yet when the rewards of achievement are paid in dollars we tax most of them away."

#### Your Patients Want to Feel That You Feel They Are Important To You!

In addition to remembering the names of your patients and pronouncing them correctly, remember to let your patients know that you recall little things about them concerning their pets, hobbies, vacation trips, or pleasant experiences that they may have related to you at some previous appointment.

#### **Bank Stocks As Investments**

The common stock of the bank where you have your checking account may be a good investment, particularly if you are interested in income in the form of dividends as well as a chance to participate in the growth of your community. Bank common stocks with yields of  $4\frac{1}{2}$  to 5 per cent are not uncommon. If you are interested in a bank, talk with your banker and he will be able to tell you of people who may have some of the bank's stock for sale.

#### Savings and Loan Associations—4 Per Cent Returns

Some months ago we referred to the fact that some savings and loan associations paid dividends or provided a rate of return of 3½ to 4 per cent on funds invested and that this column would furnish a list of federally insured savings and loan associations paying this amount. The response was gratifying—in fact, overwhelming. While preparing this list, we discovered that there are firms registered with the United States Securities and Exchange Commission who perform the service of placing your funds with the federally insured savings and loan associations paying a 4 per cent return. These firms will provide you with a list of savings and loan associations from which you may make a choice of one you wish

to invest in. They provide this service free of charge. The savings and loan associations compensate them for this service. If you wish any additional information about this service, write to Practice Administration Thought-Provokers, 708 Church Street, Evanston, Illinois.

#### **High Yielding Bonds**

Recently a dentist wrote to us saying that he had bought some bonds which provided a return of 9 per cent. Since they were bonds, the dentist felt that he had a relatively safe investment. This dentist overlooked one basic factor. Money, like any commodity, is subject to the laws of supply and demand and the supply of money for ventures with considerable risk involved is limited. Therefore, if a firm is willing to pay 9 per cent for funds, when the general level of interest rates is 4 per cent, you can be assured that there is considerable risk involved. Risk of loss and rate of return are handmaidens.

#### Registration of Securities

Many persons, when confronted with the question "How do you want the shares registered?" tend to think only in terms of what is likely to be the most economical method of approaching the problem—and there is a widespread impression that the answer lies in joint ownership with survivorship rights. This is not necessarily true. Only by means of a careful analysis of one's overall estate picture may the facts be determined.

It is true that a joint tenancy provides a convenient method of transmitting property at death. It does save probate costs—perhaps 5 per cent of the value of the property, which otherwise passes through the deceased's estate. It does provide some income tax savings in the case of dividends from corporate stock. But there are other considerations that transcend in importance these savings—at least for a great number of persons.

It is not true that joint ownership with the right of survivorship saves death taxes. Many persons who request that their shares be issued in joint tenancy do so under the misapprehension that they are eliminating federal estate tax liability. Actually, in the long run, it may be a means of guaranteeing that the highest possible taxes will be paid on the combined estates of husband and wife.

The important thing to be emphasized is that pure arithmetic in itself—savings in administration expenses and savings in taxes—should never be the sole yardstick on which to base the decision as to how the shares should be registered. All factors, including human factors, must be taken into account. The primary question should always revolve around which method best carries out the wishes of the property owner, not

August 1959

which method is the most convenient or least expensive at the time. Tax and other savings usually are a by-product of a well-designed estate plan, not an end in themselves. It is necessary that you consult your attorney at least once every two years and go over your estate plan with him. Joint ownership of securities may not be the solution to your problem.

#### Who Is Your Executor?

When you made your will, you designated an executor. This is one of the important clauses, and yet one that is frequently given the least consideration. Many times, the wife or a close friend is named and it only becomes apparent too late that the job is too big for the person designated. All the things an executor is required to do add up to an imposing responsibility. That is why many times a corporate executor—a trust company or the trust department of a bank—is named executor or coexecutor. Your attorney can give you valuable advice on this.

Washington University St. Louis, Missouri

#### "I LIKE MY DENTIST BECAUSE . . . "

(Continued from page 39)

important; it is the help such a mental picture gives in building public appreciation and acceptance of the services of those the image represents.

According to one veteran dental practitioner a condition such as this can be hastened by emphasizing the side advantages of dental operations during conversations with patients. He refers to the release from oral discomfort, improved physical appearance, mental contentment, wider social acceptance, increased opportunities for financial betterment.

Actually, the secondary benefits of dental operations are enjoying greater recognition. Like the elderly woman who claims she blends in more confidently with her younger co-workers because of her dentist's contribution to her appearance. And the young boy at camp whose toothache threatened to bar him from a swimming race until a dentist in a neighboring town "fixed" the ache. The camper smiled triumphantly, "I came in second!"

It appears the image the industrial relations man spoke of has become a reality in the minds of many dental patients.

3841 Aspen Street Philadelphia 4, Pennsylvania

ORAL HYGIENE



# TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

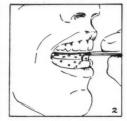
#### Cast Gold Crown Without Taking a Bite

By PERRY SWANSON, DDS

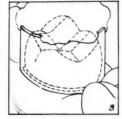
Drawings by Dorothy Sterling



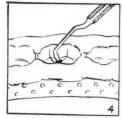
(This technique may also be adapted to an anterior jacket crown.) If necessary, restore the contours and occlusion of the tooth with wax or cement.



Take an elastic impression (including adjacent teeth), and set aside.



Prepare the tooth and take a tube impression.



Lubricate preparation with Vaseline®. Hollow out an overflow vent on the occlusal of the elastic impression, fill impression with Kadon, and position over preparation.

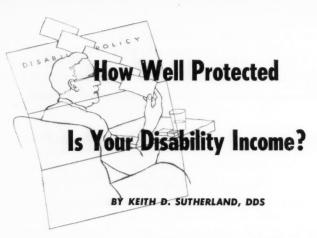


When acrylic has set, remove from impression, try on prepared tooth, add wax where necessary. Cast. (A second acrylic crown may be made for a temporary replacement.)

#### Note to Contributors

We invite dentists to submit material for this page, \$10 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month, Oral Hygiene, 1005 Liberty Avenue, Pittsburgh, Pennsylvania



THE FOLLOWING will describe the three classes of disability income protection policies and will point out clauses that afford maximum protection. It is the inclusion of these clauses in his policy that the dentist must understand and look for in order that he may protect his disability income.

1. Cancellable. The company states that the contract may be cancelled at any time by advising the insured of the action.

2. Contract forms that are "Renewable at the option of the company." In this policy the company renews the contract at each payment period solely at its own discretion. If the insured contracts some serious illness, is badly injured, or the company feels the risk has been heightened, because of age, it may refuse to renew the policy.

3. Noncancellable and guaran-

teed renewable. These are contracts which, when issued place full control of their renewability in the hands of the dentist. By merely making regular premium payments he may periodically renew his policy, and cancellation of the policy cannot arbitrarily be used by the company.

Obviously, the noncancellable type of policy is the one and only type that affords full protection for the dentist's income. The inclusion of the following contract provisions furnishes additional security when incorporated in the noncancellable policy.

1. Waiver of premium benefits. Should a premium fall due after disability has been in effect for a certain specified time (ninety days to six months) payments are waived during the period of disability.

2. Incontestability. After a stated period of time no fraud or

Check the clauses in your income protection policy against those listed in this article and be sure you are protected.

misrepresentation can be contended by the company relative to the contents of the policy.

3. Guarantee of premium. As age or hazards increase, the company cannot increase the premiums.

4. No restrictions as to type of illness or injury.

No reduction in benefits. This clause guarantees that the same amount of income will always be paid during disability.

6. Guarantee of no post-issue riders or restrictions. After the issue of the policy the insured may contract a recurrent disease or condition, the company is not allowed to put any restriction on the policy relative to this condition.

7. Guarantee of no home or other quarters confinement. This is one of the most important clauses to watch out for, because many policies require that during disability the insured must be confined to his home or other quarters and that if he leaves his quarters during a convalescent period his benefits will be either lost or drastically reduced. This clause must be included in a policy for proper protection.

8. Grace period. This allows thirty-one days in which to pay the

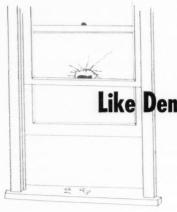
premium on the policy after its due date. This prevents cancellation of the policy because of forgetting to pay the premium on time.

9. Accidental bodily injury. This is the broadest form of accidentinsuring clauses and you are covered by the policy for any type of
injury. It should not have to happen in any specified manner nor
must the disability result within a
specified number of days after the
initial accident. Many times disability from an accident may not
result for some time after an accident, or it may result immediately; therefore the policy should
cover disability occurring at any
time following the accident.

10. Contract should be non-aggregate. Contracts that provide indemnity in aggregate deduct the amount paid for each claim until there is nothing remaining. One extended period of disability or a series of recurrent conditions will do the same. The use of the recurrent clause allows the policy to guarantee payment for each period of disability.

11. Disability from performing duties of your profession. This is an important clause to obtain because you are disabled if you cannot practice your profession, and it is not necessary to be disabled from some other gainful employment to receive benefits.

Keeping the foregoing points in mind when buying an income pro-(Continued on page 56)



# **Burglars**

### **Like Dental Offices**

BY DOUGLAS W. STEPHENS, DDS

HAS YOUR office been burglarized lately? If not you can count yourself lucky. Like the price of food and everything else these days, burglaries are up too. In the United States this year one forceful entry took place every minute, and law enforcing agencies tell us such crimes are on the increase. The cost of these illegal acts in dollars and cents to all law-abiding citizens is enormous, and must of course include the high cost of taxes to maintain police forces and the higher burglary insurance rates as well as the cost of the actual material things stolen.

Dental offices are prime targets for these criminals. Moreover, medical and dental office burglaries contribute and add to the increase of other crimes because of the narcotics so often stolen. This of course is the reason medical men are more vulnerable to this sort of attack. Almost everyone is aware that much of the crime today is committed under the influence of narcotics. Dental and medical offices and pharmacies, therefore, offer the criminal a tempting source. For this reason alone, they must be especially careful in preventing crimes involving the theft of narcotics.

Unwittingly, by their errors of omission and judgment in protecting what is theirs, members of the dental and medical professions often aid the persons who wish to burglarize them. Nearly all of these mistakes, however, are common ones made by most property owners. Nevertheless they make the burglar's task much easier than it should be.

We know it is almost impossible to build an office that is really You can discourage thieves from entering your office or home. Check the precautionary measures listed by this author to determine how you can improve your defenses against burglary.

burglarproof. Most law enforcement officers agree that if you make it tough for the thief to get into your office, nine times out of ten he will pass you up and select another spot where access is easier.

How then can we tighten up our defenses against burglars?

1. Install good modern locks on all outside doors. Do not spare the cost. Cheap locks are poor business and are easily opened. A highgrade pin tumbler cylinder lock is difficult for a thief to get past. If your office has several doors with possibly a rear or side door opening on a dark alley or back yard, it is safer to also install on these doors dead bolt locks that can be bolted from the inside. The door you use as an exit at night besides being equipped with a good cylinder lock should open onto a well lighted area. If it does not, it might pay to install a bright night light above the door.

Windows should all have extra night latches wherever there is a chance they might be used as places of illegal entry. If a back or side window is located in a dark area where a burglar might be able to jimmy a window without being observed, it is a good plan to protect such a vulnerable spot with iron bars.

3. If your office has windows on the ground floor, leave the shades up at night and at least one light turned on. This is also a good plan for use in the home when you go out in the evening or on vacation. Burglars dislike well-lighted places. Portable time clocks are low in cost and one or two of them can be useful in both the office and home. Long burning bulbs (130) volt of 40, 60, or 100 watt) use little electricity and will not need changing too often. The clocks will turn these lights on and off at intervals during the night, and confuse a criminal watching your

4. A small well-hidden wall or floor safe is a good protection for your narcotics and surplus cash. With night depositaries available, it is foolish to tempt the criminal by having large sums of cash around. Wall or floor safes are usually set in a block of cement, and though they can be "cracked," they do take time to open. If these safes are well hidden, they sometimes pass unnoticed.

home or office into believing there

are people in the building.

The large box-type safes on wheels are a poor storage place for valuables as they are easily broken into, or may even be carried away. However, they are for the most part fire resistant and are handy for records and papers which in case of fire would be destroyed if stored in the regular metal file cabinet. All patients' unpaid records and important papers should be stored in some such fireproof container. It is important to be sure all such safes carry a fire underwriter's seal and the contents guaranteed for at least one hour or more against fire.

5. All checks taken in the day's receipts should be stamped "For Deposit Only" as soon as received. The bank and its number should be noted on the patient's record card or on the office copy of the patient's receipt. If the checks are stolen, they cannot be cashed and are usually destroyed by the thief. If you know which patients have given you checks, you can readily call and have them mail you a duplicate.

6. When you go away on vacation, it is a good plan to notify your local police department; or better still, hire a private watchman to give your office and home special attention.

If you are going on a long trip, it may please your ego to have an account of the prospective trip in your local paper. It would be better if you forego this pleasure until after you return. Burglars read

papers too, and many a doctor has returned from an enjoyable vacation only to find either his home or his office broken into.

When on vacation, store jewelry and other valuables in your safety deposit vault at the bank.

8. Need it be said that the police frown on the habit of dentists and physicians leaving their medical or instrument case in their cars, especially if it is in plain view? Such an invitation is seldom passed up by criminals even though the car may be locked. If you must leave your case in the car, place it in the car's trunk or hide it under the seat.

Burglary insurance is usually worth taking out, but seldom covers items taken by sneak thieves, or which mysteriously disappear. The limit on cash is usually \$250, and this is covered only if kept in a locked safe.

The best defense against these unwanted guests is prevention. Most burglars are lazy people. By using these simple precautionary measures, the chances that your home or office will be broken into will be greatly reduced.

PO Box 3426 Long Beach 3, California



#### **MEMORIAL GIFTS**

#### to the Fund for Dental Education

BY MAYNARD K. HINE, DDS\*

"That which a man does for himself dies with him. That which he does for education lives on forever."

IN RECOGNITION of this ancient truism, men through all the ages have sought to perpetuate their ideals by making substantial investments in higher education. These gifts have been prompted by an honest desire to provide additional educational advantages for future generations. Much of this philanthropy has been in the form of memorial gifts: gifts made to construct a building, to establish a scholarship or fellowship, create a library, inaugurate new programs of research, or to help education.

Memorial giving has been termed "selfless giving" because the gift is generally made to honor a person other than the donor. Often a man will set up a memorial to honor his wife or his mother. Others make memorial gifts to honor revered professors or dear friends. Some establish memorial projects in the name of the corporation they serve.

Recognizing that there already exists a desire on the part of generous-minded people to support dental educational activities through memorial giving, the Board of Directors of the Fund for Dental Education has made provision for memorial gifts to be made through the Fund to provide aid to dental education.

All gifts to the Fund for Dental Education are fully deductible up to the allowable limits of the do-

<sup>\*</sup>Doctor Hine, Dean of Indiana University School of Dentistry, is President of the Fund for Dental Education.

for records and papers which in case of fire would be destroyed if stored in the regular metal file cabinet. All patients' unpaid records and important papers should be stored in some such fireproof container. It is important to be sure all such safes carry a fire underwriter's seal and the contents guaranteed for at least one hour or more against fire.

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All gifts to the Fund for Dental Education are fully deductible up to the allowable limits of the donor's income, since the Fund has been granted non-profit, educational, tax-exempt status by the Department of Internal Revenue.

Memorial gifts will be welcomed by the Fund for any sound purpose designed to help dental education. The donor may name his gift as a memorial to any person or organization, which meets the approval of the Fund's Board of Directors. Memorial gifts may be made for current expenditures or for endowment purposes.

I should like to emphasize that a memorial may be a small as well as a large contribution. When a dentist dies his friends, colleagues, and patients, may wish to express their regard for him by making a contribution to human welfare in his name, rather than sending flowers for the funeral. Sums that may seem unimportant in themselves can add up to considerable amounts, as has been shown in the case of the Heart and Cancer Funds. I am glad to report that some \$5 and \$10 memorial contributions have already been received by the Fund for Dental Education. We are pleased to accept these contributions to dental progress. In each case a card will be sent to the family of the deceased indicating the name of the contributor.

1211 West Michigan Street Indianapolis, Indiana

#### HOW WELL PROTECTED IS YOUR DISABILITY INCOME?

(Continued from page 51)

tection policy, plus complete and frank consultation with a reputable insurance agent representing a reliable company, will afford the dentist a well-protected disability income.

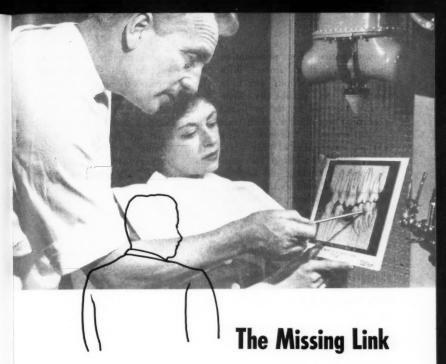
Income protection has been said

to be of value only when it is needed. However there is great "peace of mind" in knowing that one has adequate protection when and if it is needed.

5250 Canterbury Drive San Diego, California

#### NOTICE

When you change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to Oral Hygiene, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



# in Contract Acceptance

#### BY EDITH CALMENSON

Here is a suggestion for avoiding cancellation of dental treatments without explanation.

HAVE YOU ever had occasion to wonder why a patient did not return for completion of a diagnosis, or commencement of treatment which had been cordially agreed upon? Chances are that these occurrences ushered in a period of soul searching and self-appraisal. There is also a strong likelihood that this often proved fruitless, because chances are the case was lost *outside* your office. You may have been tried and convicted without representation and through no fault of your own.

How can this happen, and why? Let us assume that you have outlined a plan of treatment, which you have painstakingly presented to your patient. Your presentation has been logical and sincere. With the help of visual aids, you have succeeded in graphically illustrating the need for the projected treatment in a manner which your patient seemed to understand. The efficient atmosphere of your office, serving as a backdrop for your professional interest and authority, have all contributed toward making the patient receptive and cooperative. She agrees to your recommendations and willingly accepts an appointment to commence treatment. Then with no apparent cause, the appointment is cancelled. In all probability the reason offered is vague, allowing little opportunity for frank discussion.

It might be an interesting exercise in patient understanding, to try to reconstruct the possible chain of events leading from enthusiastic acceptance to vague rejection. In so doing we may find a way to prevent a repetition of the circumstances.

Suppose that your patient has left your office with the serenity that usually accompanies the resolution of a pressing problem. She is glad to have arrived at a decision, and having done so, she is anxious to tell those close to her of her resolve. What happens? Back with her family or friends, you, her dentist, once more become the comparative stranger that you are. Bombarded with questions from anxious relatives and unable

to convey the indefinable element of her rapport with you, she valiantly attempts to marshal facts in order to clarify her decision. Try to visualize, if you will, the kind of explanation that an emotionally involved lay person can present without even the dubious value (to her) of any visual aid. Probably the only things that she is able to report accurately are the size of the fee and length of treatment. Obviously such a state of affairs can lead only to confusion and doubt, so that the skeptical audience, lacking real evidence to the contrary, concludes that this is a great deal of money and time for the patient to be expending, and advises her to hold off, or to consult another dentist.

By this time, fatigued and confused, you and your office may well have receded in the patient's consciousness so that she is almost relieved to procrastinate by reconsidering.

One way in which to offset history of this type from repeating itself, is to suggest to the patient that she invite a confidant to join in consultation with you. In most cases this will refer to spouse or parent, in others, a close friend. The choice is one which lies with the patient. I know of a case in which a patient chose to be accompanied to the office by her employer. The case was one which involved extensive rehabilitation, and there was in addition to the financial burden, a great need for

moral support during the period of treatment. This gentleman became so enthusiastic about the goals that were outlined that he was not only sympathetic to the patient on the occasions when she was unable to work because of occasional postoperative difficulty, but lent unsolicited financial support as well.

While this case is not the rule, neither is it the exception that some of us might think it to be. There is a wide streak of philanthropy in most people, and sometimes it takes a compelling situation to arouse it. To be part of a creative success, as in mouth rehabilitation, (regardless of extent) is a dramatic venture. An informed confidant can be of immeasurable aid to both patient and dentist, not only at the outset of treatment, but during its course,

acting as a spur in terms of follow-through in home care, keeping of appointments, and similar areas.

There are people who may reject any invitation to be joined in consultation by their confidants. They may point out that they prefer to make their own decisions. and feel no need to include any third party in conference. Unless the patient is a minor, or there is some glaring inconsistency between the patient's avowals, and the picture which he presents to you, it would be unwise to press the point, or to give any evidence of displeasure at this demurral. After all, no patient should have to feel apologetic about his personal traits!

135 Ocean Avenue Brooklyn, New York

#### THE COVER

This month's cover photograph, presenting the impressive monument dedicated to Saint Louis, patron saint of King Louis XV of France for whom the Missouri city was named, represents an invitation to the 18th Annual Mid-Continent Dental Congress. The meeting will be held in the Chase-Park Plaza Hotel in Saint Louis, November 1 to 4. A scientific program, comparable to a four-day postgraduate course, will be offered in lectures, clinics, films and exhibits, arranged by members of the Indianapolis Dental Research Group. This program has been under preparation for nearly two years. Social events and entertainment for dentists and their wives are also being planned. For information and reservations, please address: Mr. James Brophy, Executive Secretary, Saint Louis Dental Society, 8013 Maryland Avenue, Saint Louis 5, Missouri.—Photograph courtesy of Saint Louis Convention and Publicity Bureau.



#### EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

#### HOSTS TO THE DENTISTS OF THE WORLD

When the American Dental Association was founded in 1859 Abraham Lincoln was 50 years old. It would be slightly more than one year until he was elected President. The Nation was beginning to emerge from the frontier. The economy was agricultural. Industrial expansion was in its infancy.

When 26 dentists met on that August day in 1859 in Niagara Falls, New York, to found the Association, this was the health situation that faced the Nation:

"The health of the American people in the middle of the nineteenth century reflected the survival of pioneer optimism and neglect . . . . A contemporary critic found the medical profession a bedlam of 'allopaths of every allopathy; homeopaths of high and low dilutions; hydropaths mild and heroic; chrono-thermalists, Thompsonians, mesmerists, herbalists, Indian doctors, clairvoyants, spiritualists with healing gifts, and I know not what besides . . . '

"Without improved facilities for medical training the science of healing could not hope to forge rapidly ahead. In May 1848, the American Medical Association was organized at Philadelphia in the effort to elevate and systematize medical education by setting up standards higher than the prevailing upgraded courses of at most three terms of from twelve to sixteen weeks . . . .

"Hospitals, on the other hand, were beginning to appear in the larger cities. Though their total number remained small, they were credited with being an important factor in keeping down the death rate. Not only the state and municipal governments but also religious denominations in the bigger centers displayed an interest in this field. Yet as late as 1873 there were only a hundred and forty-nine hospitals in the country, of which one-third cared for insane patients . . . .

"The unique advances in dental surgery reflected the ravages of disease in the wake of a faulty diet." 1

The Centennial meeting in New York in September 1959 will attract dentists from the entire world. The language of science is universal. There will be free exchange of ideas on health subjects and complete international cooperation. Disease knows no national boundaries and the treatment of disease should not be kept secret from any Nation. The program of the American Dental Association Centennial is an eloquent testimonial to that ideal of international good will.

The Federation Dentaire Internationale will meet in joint session with the American Dental Association. Distinguished dentists from Europe and Latin America will participate in the scientific program. All the modern techniques of communication will be used to make sessions meaningful, including the simultaneous translation of some speeches in English, Spanish, French, and German. Closed-circuit television will present operations as they are actually performed: electronic clinics from hospitals and universities.

The specialized societies that meet before the American Dental Association sessions begin have entered the spirit of the Centennial occasion. For example, the meeting of the American Academy of Periodontology (to which an accredited dentist is invited upon payment of the registration fee) will include telecasts in color from the Walter Reed Army Medical Center, carefully selected essayists from American and foreign countries, and such non-dental speakers as the Reverend Norman Vincent Peale. Other special groups have arranged programs of the same superior quality.

All of us who are among the 91,000 present members of the American Dental Association have a unique opportunity to participate in this meeting and to be hosts to other dentists of the world.

Educary Aym

<sup>&</sup>lt;sup>3</sup>Cole, E. C.: The Irrepressible Conflict, 1850-1865 (A. M. Schlesinger and D. R. Fox, Ed., A History of American Life), New York, The Macmillan Company, Vol. 7, pages 179-187, 1934.



# ASK Oral Hygiene



Please send all correspondence for this department to:
The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

#### **Cyst Removal**

Q.—One of my patients has a movable lump in the muscular tissue of the cheek in the lower second molar area.

The mass seems to have enlarged somewhat since I removed seven upper teeth and placed an immediate full denture in position.

What kind of cyst is this, and is there any possibility of it becoming malignant?—R.H.B., New Jersey

A.—From your description, the "movable lump" in the cheek in the lower second molar region appears to be either a retention mucous cyst, or a retention sebaceous cyst. The former would arise from the oral mucosa, the latter from the skin glands.

A biopsy should be performed. The enucleation should be done by an oral surgeon. One must be extremely careful not to damage the parotid gland and leave a possible parotid fistula.

If the biopsy shows the mass to be one of these cysts, the prognosis is good, provided that the enucleation is complete. If remnants of the cyst membrane are left behind, recurrence is a strong possibility.

#### **Topical Anesthesia**

Q.—Kindly give me some help in topical anesthesia of the palatal tissue prior to injection. I am fairly successful with anesthetic ointment on the buccal and labial areas, but not so on the palatal.— E.C.B., Georgia

A.—For the most successful and painless method of infiltration of the palatal area, I would suggest the following steps:

 Thoroughly remove saliva and debris from the projected injection area.

2. Apply germicidal with sterile applicator to the injection site.

3. Apply topical anesthetic.

 Use sharp-pointed needle of small caliber in order to produce a minimum amount of laceration.

Because of the density and immobile character of the palatal mucous membrane, it is difficult to eliminate all pressure symptoms when injecting into this area.

#### **Oral Infections**

Q.—If I remember correctly, Vincent's infection (acute necrotizing gingivitis, or trench mouth) is in most cases caused by the autogenuous oral flora e. g. B. fusiformis and the spirochete Borrellia vincenti which are normally found in a healthy mouth. The sudden increase of these organisms and the resulting pathologic manifestations are ascribed to a general lowering of the body resistance or general poor oral hygiene.

So far as I can remember, also, Vin-(Continued on page 66)



Super-Soft ... Super-Strong



PROFESSIONAL TOWELS



Your dental dealer is now stocking KAY-PEES Professional Towels, in both white and eye-ease green, in beautiful, new self-dispensing package: of 50 towels each. Ask him about KAY-PEES—the 4-ply, extra wel-strength, super-absorbent, linifree towel that costs less than a penny-und-a-half apiece... and is preferred by thousands of dentists coast-to-coast.

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Manufacturers also of KAY-PEES Bracket Table Covers, SUN-DIAL Bracket Table Covers, and KAY-PEES Mouth Wipes



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DENTAL DEALERS EVERYWHERE



a special message for dentists interested in patient relations....

Most successful dentists serve a limited number of patients whom they try to see at regular intervals.

Such dentists recognize that the patient who returns to the office is demonstrating high regard for their professional knowledge and skill. The patient appreciates chair-side instructions on proper home care. And he responds to this evidence of his dentist's interest by becoming more interested himself in all aspects of oral health.

The concern shown for "full time" dental care—strong patient relations—is a sound means of conducting a practice... and a definite help in building a practice.

Here's how Block Drug Company helps promote better patient-dentist relationships:

One: Block products are the profession's first choice among dentifrices, toothbrushes, denture adhesives, and denture cleansers. Block's high standards are maintained by exacting quality controls; further improvements are sought by continuous active research. You can recommend Block products with confidence in their effectiveness and patient acceptance.

Two: Block is truly unique in the variety of patient-education aids available to the profession. No other company regularly provides so much helpful material to so many dentists. Block professional representatives attend meetings of the national, state and local societies, and call in person regularly at every dental office possible—from them you can readily learn about the instruction folders, professional samples, home-care kits and other materials for office use that help you help your patients.

Good professional care is enhanced by proper home care—you can rely on these Block products:

Ammident Green Mint Polident Poloris Pycepay
Wernet's Powder Dentu-Creme Wernet's Denture Brush

"Quality Products for Dental Health"

BLOCK DRUG COMPANY, INC.

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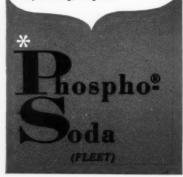
Ingested mucus, blood and pus are promptly cleansed from the intestinal tract by Phospho-Soda (Fleet). That is why so many dentists advocate gentle, thorough Phospho-Soda for postsurgical laxation.

Suggested adult dosage: As a mild eliminant, one tablespoonful in a glass of cold water. followed with additional water. thirty minutes before a meal.

For professional samples and standard post-extraction forms, write

C. B. FLEET CO., INC.

Lynchburg, Virginia



cent's infection is nontransferable to other persons, either by direct contact (osculation) or through eating utensils. If I am correct, why should the eating utensils of the afflicted person be isolated? If I am wrong, will you please correct me?-K.E.W., Massachusetts

A.—Fusospirochetal infections of the mouth occur in epidemic, but more often endemic or sporadic forms. Endemic outbreaks are common in jails, asylums, orphanages, army encampments, on board ship, among hospital staffs, and student groups. The incidence of oral fusospirochetal infections is related to social customs, nutritional factors, general physical status, and oral hygiene of the person affected.

Oral fusospirochetal infections are believed to be transmitted by direct contact, through salivary droplets, by means of contaminated eating, cooking, or drinking utensils, by kissing, by toilet articles, or through infected dishwater. Following are some of the local predisposing causes:

1. Erupting or malposed teethassociated gingival flaps.

2. Poor dentistry in the form of overhanging gingival margins, illfitting crowns or prosthetic appliances. Poor or inadequate contact points due to caries or faulty restorations.

3. Areas of traumatic occlusion, local areas or poor oral hygiene, food impaction.

4. Local interference with the nutrition of the marginal and interseptal gingiva due to calculus, orthodontic appliances, or metallic deposits in the tissues.

Some of the systemic predisposing causes are:

(Continued on page 68)



# is effective two ways in dental procedures

- 1 Low surface tension (about ½ that of water) enables Listerine to penetrate the tiniest oral crevices and flush out mucus and oral wastes that harbor bacteria.
- 2 Listerine's effective and rapid antiseptic action reduces bacteria in the mouth as much as 96.7% within 15 minutes, enabling you to work in a clean field. By killing protein-fermenting bacteria, Listerine also stops most bad breath instantly and usually for several hours.

### And Listerine is preferred by your patients.

In their own homes more men and women use Listerine Antiseptic than any other mouthwash. Latest reports show Listerine is preferred by almost 4 to 1 over the next most popular brand!

Your patients will welcome the familiar brisk taste of Listerine when used as a rinse at your chair. They will appreciate the way Listerine leaves their mouths feeling tingling clean.

### SPECIAL OFFER TO DENTISTS ONLY— PROFESSIONAL GALLON SIZE \$2.50

**Fill out** the coupon below and send it in with your professional card and check or money order for \$2.50 made out to Lambert Pharmacal Company Division and receive prepaid a full gallon of Listerine Antiseptic.

Mail to: Professional Service Dept. (110), Lambert Pharmacal Company Div. of Warner-Lambert Pharmaceutical Company, Morris Plains, N.J.

Dr			
Address			
City	Zone	State	

Vitamin deficiencies, C and B complex.

 Gastro-intestinal disturbances, intestinal hyperirritability, chronic gallbladder disease.

3. Chronic malnutrition.

 Certain blood dyscrasias leukemia, aplastic anemia.

Inasmuch as some of the predisposing factors listed here are highly prevalent in the mouths of most people, it is desirable to take every precaution to prevent contamination of cooking, eating, and drinking utensils used by the infected person.

#### Stains on Teeth

Q.—I have a 30-year-old woman patient who has beautiful teeth, with just a few amalgam and gold restorations. She does not smoke, and does not take any medication, yet each time she presents herself for a prophylaxis she has dark stains around the gingivae of both her anterior and posterior teeth. After scaling and brushing these stains disappear, but they persist in coming back every few months.

This patient is not on any special diet, but admits to taking reducing tablets. She claims she brushes her teeth three times daily.

Could you advise me as to what may be causing these dark stains to return? —R.G., New York

A.—The dark stains on the teeth of your 30-year-old patient are possibly caused by one or more of the following factors:

1. Excessive tea drinking.

Occupational hazards — contact with sulfite compounds.

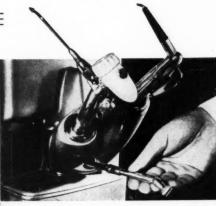
(Continued on page 70)













ideal addition to the electric dental engine. Actual cavity preparation time is drastically reduced by the rapid cutting under lightest pressure, thanks to the high speed (300,000 rpm).

Silent operation Noise is reduced by returning the compressed

Always handy

the Turbine.

Turbine handpiece is always within easy reach in the swivel-type receptacle. The elegant styling of your "Sirona" dental unit is retained when a Turbine set is fitted.

air to the control box after it has passed through

Freedom from annoyance

No vent air, since air for cooling is arranged concentrically around the bur shaft.

Body-temperature spray

Optimum pre-heating of air and spray at body temperature.

Maintenance free Special oil and non-wearing concentric metal tension sleeves for holding the burs, results in little or no servicing.

Ready for action Angle head can be changed in a matter of seconds. For this purpose a second angle head is supplied.

Ask your dealer for a demonstration, or write

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### For mild dental pain

# Superior to aspirin alone

# PHENAPHEN®

Robins

Efficacy of the basic pain-relieving agents in Phenaphen is "effectively increased" by the addition of the "potentiating agents" phenobarbital and hyoscyamine.

# In each PHENAPHEN capsule: (Rasic formula)

(50000 10100000)		
Phenacetin (3 gr.)	194.0	mg.
Acetylsalicylic acid (2½ gr.)	162.0	mg.
Hyoscyamine sulfate	0.031	mg.
Phenobarbital (1/4 gr.)	16.2	mg.

Dosage: 1 or 2 capsules as required,

Supply: Bottles of 100 and 500 capsules.

1. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A. 56:491, 1958.

A. H. ROBINS CO., INC., Richmond 20, Va. Ethical Pharmaceuticals of Merit since 1878 3. Chromogenic bacteria.

4. Consumption of specific foods that give off a tarry product.

Consumption of vitamin preparations containing iron and iron compounds. Many brands of reducing tablets contain vitamins and minerals.

I would suggest that you make a careful analysis of the types of foods and beverages consumed by your patient in order to determine the exact cause of staining.

### **Bleaching Agent**

Q.—In your column in Oral Hygiene under the heading Bleaching Teeth, you mentioned the product Superoxol®. I should appreciate it if you could give me the name of the manufacturer of this product.—W.E.D., New York

A.—The product Superoxol® can be obtained from Merck and Company, Incorporated, Rahway, New Jersey.

# SO YOU KNOW SOMETHING ABOUT DENTISTRY!

**ANSWERS TO QUIZ 179** 

(See page 40 for questions)

- (a), (c), (d). (Rice, B. H.: Studies on Calculus Formation, J. West Soc. Periodont 4:105 December 1956)
- 2. True. (Caster, W. O.: Dental

Aspects of Radiation, North-West. Dent. 36:214 July 1957)

- 3. (a), (b), (d). (Moore, G. E.: Influence of Oral Cavity on Speech, British D. J. 101:305 November 1956)
- 4. Oxygen. (American Dental Remedies, ed. 23, American Dental Association, 1958, page 8)
- (b). (Ney Bridge & Inlay Book, Hartford, Connecticut, J. M. Ney Company, 1954, page 78)
- True. (Applegate, O.C.: Conditions Which May Influence the Choice of Partial or Complete Denture Service, J. Pros. Dent. 7:189 March 1957)
- (a). (Mosteller, J. H.: Role of Silver Amalgam in a Modern Dental Practice, JADA 55:336 September 1957)
- Yes. (Jamieson, C. H.: Geriatrics and the Denture Patient, J. Pros. Dent. 8:9 January 1958)
- (c). (Grunewald, A.H.: Dentist, Dental Laboratory and the Patient, J. Pros. Dent. 8:59 January 1958)
- Yes. (Phillips, L. J.: Schnell,
   R. J.; Johnson, Robert; and
   Phillips, R. W.: Measurement
   of Electric Conductivity of
   Dental Cements, J. Pros. Dent.
   34:57 February 1955)

### For more severe dental pain

# Superior to codeine alone

# PHENAPHEN® with CODEINE

1/4 gr., 1/2 gr., 1 gr.

Of five analgesic agents tested for relief of dental pain, Phenaphen with Codeine ½ Gr. proved the most effective—superior to codeine alone.¹ The phenobarbital and hyoscyamine components of the Phenaphen formula were termed "effective synergistic agents in potentiating the analgesic effect of aspirin and codeine."¹

### Three strengths:

PHENAPHEN with CODEINE 1/4 Gr. (Phenaphen No. 2)

Basic Phenaphen formula, plus ¼ gr. (16.2 mg.) codeine phosphate.

PHENAPHEN with CODEINE 1/2 Gr. (Phenaphen No. 3)

Basic Phenaphen formula, plus ½ gr. (32.4 mg.) codeine phosphate.

PHENAPHEN with CODEINE 1 Gr.

(Phenaphen No. 4)
Basic Phenaphen formula, plus 1 gr. (64.8 mg.) codeine phosphate.

J. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A, 56:491, 1958

A. H. ROBINS CO., INC., Richmond 20, Va. Ethical Pharmaceuticals of Merit since 1878



## **Dentists in the NEWS**

#### **Dentist-Turned-Actor**

The bearded, disreputable character who is seen on television screens every week or so is a former dentist. Doctor Edgar Buchanan has appeared in more than 150 comic operas. While his name may be unfamiliar to most televiewers, his face is as well known as many a leading man. He has had top roles in "Maverick," "Wagon Train," "The Californians," and many others. He has a squeaky-saddle voice, shifty eyes, and a soul full of larceny. In June he started his own series playing a larcenous old peddler.

Doctor Buchanan graduated from the University of Oregon in 1929. "That was during the depression," he said, "and dentists weren't doing too well. My wife is a dentist too, and we started up a practice. Then the acting bug got me, and I haven't been the same since." During slack times in his acting career Doctor Buchanan helps out other dentists in the Los Angeles area.—Minneapolis (Minnesota) Star and Tribune.

### **Wins Teaching Award**

Doctor Isaac Neuwirth, who has been on the faculty of the New York University College of Dentistry since 1925, has been named as one of the first three winners of the Great Teacher Awards of the university's Alumni Federation. He received \$1000 with the award.—New York Times.

#### Retires to New Life

After buying (sight unseen) three acres on the Island of Hawaii, Doctor Myrtle Kienle and her husband, Otto Kienle, are retiring and looking forward to an active, entirely different kind of life. They plan to build a home in Hawaii, and Doctor Kienle said her husband has hidden some garden tools in their trunks for future use.

Doctor Kienle, who has been a dentist since she was 21 years old, went to the Children's Orthopedic Hospital to treat the little patients for two months—and stayed 30 years.—Seattle (Washington) Times.

#### **Tortillas Good for Teeth**

Tortillas, beans, chili, and hard sugar cane, are good for the teeth, according to a Monterey, Mexico, dentist, Doctor Baba J. Thomas. During his 32 years of practice, Doctor Thomas has treated some of Mexico's most famous men, including the late President Calles and former President Aleman. But it is his poor class of clients, the Mexican laborer for instance, who has the best teeth, because the diet is limited to foods with a high protein and vitamin C content.

Doctor Thomas believes tortillas prevent dental caries in some instances because the corn used in their making is soaked in calcium hydroxide or lime water. The corn is then washed, but the process does not remove all of the lime, which has been found to be effective in preventing caries. Tortillas also provide exercise for the teeth and gingivae helping to prevent pyorrhea.—San Antonio (Texas) Light.

### **Boat Hobby Proves Profitable**

Since he graduated from the University of Minnesota dental school in 1925, Doctor Barney Hoel had always been in(Continued on page 74)

ORAL HYGIENE

# CAULK TWENTIETH CENTURY MERCURY



complete purity in every drop

THIS PROVES IT!



You'll know you're using the best!

For modern materials

call on

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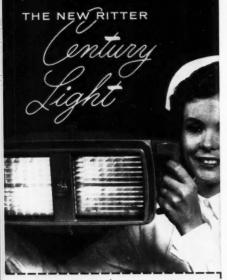
Milford, Delaware

# COOL.

# Thanks to Ritter's exclusive Thermo-Filter\* feature!

Cool, shadowless lighting for your operatory, that is what you get with the new Ritter Century Light. Here is all the light you want concentrated in the operating field. The exclusive Ritter Thermo-Filter absorbs heat, gives color correction. Exclusive Glare-Guard eliminates annoying glare outside beam. Finger-tip positioning, easy servicing are among many other outstanding features.

Patent applied for



# Ritter ( Company Inc.

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Please send complete literature on the new Century Light.

Name				*******	
Address	***************************************				
City				State	
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terested in boats and motors. "But when I retired from the practice of dentistry in 1956 I had no idea I'd get as deeply involved in the marine industry as I did," said Doctor Hoel. "I had arthritis of the spine and couldn't stand over a dental chair."

His son, Bob, decided to set up a little outboard repair shop when he got out of the Army in 1946, and Doctor Hoel jumped at the chance to keep busy by helping out part time. He helped his son set up a shop. Then he conceived the idea of adding a line of boats, then a stock of marine equipment. "Soon I found I was working fourteen hours a day when I couldn't stand over a dental chair six hours before," said Doctor Hoel, "I forgot all about my arthritis." In two years what started out as a hobby now has expanded to the point where the Hoels this spring had to move into new and larger quarters.-Minneapolis (Minnesota) Star.

### Recommends Dental Career For Women

When she chose dentistry as her profession, Doctor Nann Wickwire had no wish to pose as the prototype of a man. She feels that dentistry is an excellent field for women, despite the fact that so few enter it. Doctor Wickwire, for instance, is the only woman practicing dentistry on the west coast of Florida, and is one of only five in the state. She made only one concession to the fact she is a woman, she decided to specialize in pedodontics. She believes women are better suited than men to handle children, perhaps because they have more patience.

Doctor Wickwire's greatest triumph is with problem children, those with physical handicaps such as cerebral palsy, mentally retarded youngsters, and others with behavior problems.

As a hobby, Doctor Wickwire, raises walking horses on her farm in Valrico. "I go from pushing a handpiece to pushing a wheelbarrow," she laughed.—
Tampa (Florida) Tribune.

(Continued on page 76)

"Vince prevents dry sockets... is ideal for post extraction medication".\*

"Dentists will find the work of treating pyorrhea much simpler after the patient has used Vince for a week to toughen the gums and stop the bleeding which accompanies instrumentation".

Vince"... a very valuable therapeutic agent for many oral conditions". \*

Vince "is very helpful in controlling hemorrhage and as an antiseptic before dismissing the patient."\*

"A valuable adjunct in such cases as after heavy scaling; in acute pericoronitis; after extraction; in trench mouth".\*

\*excerpts from the current Vince Dental Files

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... "high sneed" equipment enables him to see more patients. These accelerated techniques help him do more restorative work... and Steele's\* products offer the versatility, dependability and simplicity of papera-

tion so important to the varying types of fixed and removable bridgework.



\*STEELE'S INTERCHANGEADE CINGS
—the "original" and the standard; available in PODC and New Hue
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shades.

+Registered Trademark of Dentists' Supply Co. of New York.

THE COLUMBUS DENTAL MANUFACTURING CO.
Columbus 6. Ohio

Chosen for Japanese Tour

Doctor J. Wells Young of Sweetwater, Texas, is one of ten dentists in the United States, who was selected to be on the program of the Japanese-American Good Will Dental Congress in Tokyo, Japan. About fifty other dentists from the United States and their wives made the trip to Tokyo, in addition to the ten on the program.—Dallas (Texas) News.

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#### **Dentist Becomes Minister**

Doctor Irving A. Marsland, fomerly of Mamaroneck, New York, who was a dentist for twenty-five years, is now the first full-time minister for Georgetown Methodist Church. He served as supply pastor for the last ten years, and recently completed the necessary courses for ordination.—New York Times.

### **Braces for Elephant's Tusks**

The largest job in dentistry in Washington history was carried out recently by a team of experts working on the king-size tusks of Ashoka, a 16-year-old Indian bull elephant. The National Institute of Health experts working on the pachyderm included: Doctor R. S. Lloyd, chief of the dental department; John DeBroska, chief of fabrication in the instrument division; George Lawrence, who made the elephant's braces; and Miss Doris Jeanne Stevens, a dental assistant.

Ashoka's trouble was about the same thing that happens to children all over. His teeth were growing in crooked. In his case the tusks—these are the elephant's incisors—were growing together out in front of him interfering with his trunk.

Doctor Peter Coccaro, chief of orthodontics, of the NIH developed the idea for the manganese and bronze brace, which was put on Ashoka. The prosthetic device was made at the Bureau of Standards Metallurgical Department. Nobody knows whether the device will straighten Ashoka's teeth or not, but it seemed worth the try.—Washington (DC) Star.

#### Stretches Boat Three Feet

After building a trim 20-foot power cruiser from a prefabricated kit, Doctor Oliver H. Donkle of Madison, Wisconsin, decided it would look better if it were three feet longer. He wrote the boat kit company: "Shall I add three feet?" Back came this reply from the company's vice-president:

"To be brutally frank, we must say—no. We say this realizing that it may make you angry with us, but we would much rather risk a friendship than have you attempt adding three feet to this boat." The addition would weaken the boat, ruin its appearance and foul up the weight distribution, the VP wrote. Also, to discourage the venture, the kit boat company politely declined to sell him materials for his "annex."

But Doctor Donkle tore off the transome and started his addition. He had some black moments during the tedious, difficult work of fitting the new planking and framing to the old hull. The graft was successful. The kit manufacturer was so impressed that he asked for photographs.—Milwaukee (Wisconsin) Journal.

Awards for items submitted for this month's Dentists In The News have been sent to:

been sent to:
Mrs. Ursula Erickson, 8920 West 28th
Street, Minneapolis 26, Minnesota

Henry Fischer, DDS, 111 East 167th Street, Bronx 52, New York

Richard T. Witt, 2836 SW 111th Street, Seattle, Washington

Raymond E. Hunt, PO Box 134, San Antonio 6, Texas

Merle Ostrom, Route 3, Brainerd, Minnesota

F. B. Johnson, 3903 West Osborne Avenue, Tampa 3, Florida

Mildred Stringer, 5301 Reiger Avenue, Dallas 14, Texas

Isidor Lefkowitz, DDS, 295 Saratoga Avenue, Brooklyn 33, New York

Jane Jacobson, 1812 G Street, NW, Washington 6, DC





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Hidden strength is added to the beauty of porcelain with the Micro-Bond® or Permadent® techniques of bonding porcelain to a durable platinum-palladium alloy.

Individual crowns are so strong they may be used as abutments for clasps, for precision rests, or as receptacles for precision attachments as illustrated.



With the intelligent processing of Boos experienced ceramists, the cast precious metal understructure is tough and durable . . . the special medium-high fusing porcelain locks itself on the metal, forming a strong bond.





## TO MEET ALL YOUR CERAMIC REQUIREMENTS

Boos also offers a complete service in Vacuum-Fired and Vibra-Blend Porcelain Jacket Crowns, Acrylic Jacket Crowns and Veneer Crowns.

We are happy give estimate on any type case. Just so medels and description

Complete Dental Laboratory Service Unlimited in Scope Unsurpassed in Quality Trap ap are wi

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 of personality,
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The Durability and natural appearance of Acrylic Bridgework are brought out to best advantage with the exclusive gold backing of Boos Ora-Pon Reinforced Bridges.



Because the anatomy and retentive elements of the bridge units are standardized and predetermined, Boos Ora-Pon Reinforced Bridges assure uniform strength, retention and natural lingual anatomy without gold on the incisal.



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### LAFFODONTIA



Wise Guy (after entering loaded bus) — "Well, Noah, you finally got here. Is the Ark full?"

Driver — "Nope, we needed one more monkey, now we've got him."



It was the morning after a wild, wet night, and the convention delegate staggered down to the hotel restaurant and asked for a big glass of tomato juice.

"May I fix you a selzer?" asked the waitress, immediately diagnosing the greenness around his gills.

"Ye gods, no," said the delegate. "I couldn't stand the noise."



When a boy is born, friends ask, "How is the mother?"

When he gets married, they say: "Wasn't the bride lovely?"

And when he dies, they ask: "How much did he leave her?"



Ever wonder where mothers learned those things they tell their daughters not to do?



A man ambled into a tennis tournament and sat down on a bench. "Whose game?" he asked.

A shy young thing next to him looked up hopefully. "I am," she replied.



He: "If you don't marry me I'll commit suicide."

She: "Now, Sam, you know papa don't want you hanging around the house." Sign in machine shop: "Girls, if your sweater is too large for you, look out for the machines; if you are too large for the sweater, look out for the machinists."



A coed with brains goes to the head of the professor's class, but a coed with class goes to the head of the professor.



Californian: "You say you caught a fish?"

Texan: "Yep, but it was too small to fool with, so I had a couple of other guys help me throw it back in the water."



One thing nice about those little foreign cars: If you flood the carburetor, you can just put the car over your shoulder and burp it.



The reason a baby cries when it's born is because it's hungry, naked and already owes the government \$1,500.



Funeral director (to aged mourner)—
"How old are you?"

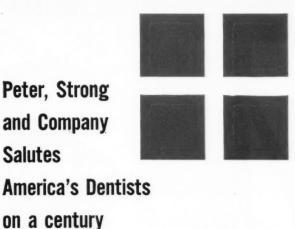
Aged Mourner: "I'll be 98 next month."

Funeral Director: "Hardly worth going home is it?"



"My wife is scared to death someone will steal her clothes."

"Doesn't she have them insured?"
"She has a better idea than that. She
has a guard in the closet to watch them.
I found him there last night."



Unparalleled progress in dental health has taken place in the 100 years since the American Dental Association's founding, because of great advances in dental techniques.

Progress in products that serve dentistry has gone hand-inhand with progress in dental practice.

The Peter, Strong organization is proud to have played a part in dental product development, and looks forward to continuing to provide the nation's dentists with plus-value products for happier patients and a healthier practice.



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BENZODENT, the original multi-purpose denture adjustment aid . . . PROFIE BRAND materials for modern prophylaxis . . . TOPI-FLUOR, the original cream formula for topical sodium fluoride caries control . . . LACLEDE PROFESSIONAL DEODORANTS for odor control therapy.

Salutes

of progress

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### SUPERIORITY ...

and the reasons why!

BORDEN AIROTOR & RITTER

More and more dentists everywhere prefer the Model B Borden AIROTOR by Ritter. Here are seven outstanding features that help to build this preference:

- Exclusive Ritter Adjustable Lubricator . . .
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- 2. New Air Pressure Gauge . . . easy-to-read dial enables you to check pressure at a glance.
- 3. Exclusive Ritter Air Filter . . . particles as minute as 5 microns are filtered out of the air supply.
- 4. Ultra Flexible Twin-Tubing . . . extremely lightweight, minimizes "drag" and fatigue while operating handpiece.
- 5. Quick Coupler to the Handpiece . . . speeds removal and coupling of handpiece to tubing for cleaning, sterilizing and changing of handniece.
- 8. All-in-One Engine and AIROTOR Control . . . permits operation of AIROTOR and standard handpiece with one foot control.
- 7. Improved Cover for Universal AIROTOR . . . new design permits easy and quick removal and replacement of the cover.

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MIXING DENTAL CEMENTS

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Powder in Capsules Liquid in Cartridges

Powder and liquid always in proper balance . . . always properly proportioned . . . always fresh and uncontaminated.

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Kile Black Mixing Slab \$15

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# WHAT'S NEW

IN PRODUCT DESIGN— FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

Tarno Elevators — 17 patterns now available with hollow metal handles which can be safely sterilized. The S. S. White Dental Manufacturing Co., Philadelphia 5, Pa.

Hu-Friedy Sun-Lite — improved handmade model with very small transformer. Hu-Friedy, Inc., 3118 N. Rockwell St., Chicago, Ill.

Suture Needles in Plastic Package lightweight, plastic transparent package with complete line of suture needles. Hu-Friedy, Inc., 3118 N. Rockwell St., Chicago, Ill.

Orthos-Kavident—for cleansing and disinfecting prepared cavities. Dissolves lipoids and any oily deposits. Disinfects dentine and reduces pain. Precision Dental, Inc., 507 E. 34th St., Indianapolis 5, Ind.

Toothmaster Model 7-H—for either grain alloy or pellets. Complete range of accurate timing adjustments. Available in several colors. The Toothmaster Co., 305 Hamilton St., Racine, Wis.

Vita-Treat — a sugarless vitamin confection. Candy-like wafer form, containing multiple vitamins. Suitable for diabetics and patients with high caries susceptibility. Wild cherry or lemon flavors. Pharmaceutical Division, Amurol Products Co., Naperville, Ill.

Century X-Ray—with new synchrononuos timer, superior cones and other improvements. Large, easy-toset illuminated dial clicks firmly into place at desired setting. New timer pinpoints accuracy from 1/20th second to 5 seconds. Ritter Co., Inc., Rochester 3, N.Y.

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Field Glass Package—handsome pair of binocular-type field glasses given as gift with various packages of Vernonite, Vernonite Gel, Vernonite Realist, Chromavein, Chromavein Gel or Chromavein Liqui-pak. Vernon-Benshoff Co., P.O. Box 1587, Pittsburgh 30, Pa.

Oxy-Lyfe—portable oxygen resuscitator available in 5 models. For duration from 30 minutes to two hours and thirty minutes. Cylinders, mask, regulator, etc., in compact, lightweight carrying case. Oxy-Lyfe Corp., 3232 Archer Ave., Chicago 8, 71.

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\*Shaw, Jas. H., Caries-producing Factors; a Decade of Dental Research, J. Am. Dent. A., 55:785 (Dec.) 1957.

Ludwig, T. G., and Bibby B. G., Acid Production from Different Carbohydrate Foods in Plaque and Saliva: Further Observations Upon the Caries-Producing Potentialities of Various Foodstuffs, J. Dent. Research, 36:36 (Feb.)

BIBBY, B. G., Effect of Sugar Content of Foodstuffs on Their Caries-Producing Potentialities, J. Am. Dent. A., 51:293 (Sept.) 1955.

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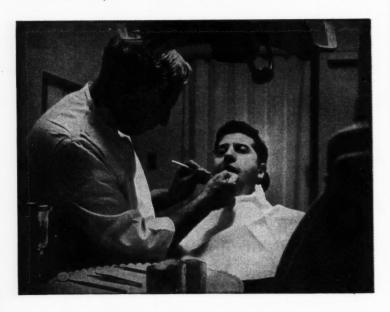
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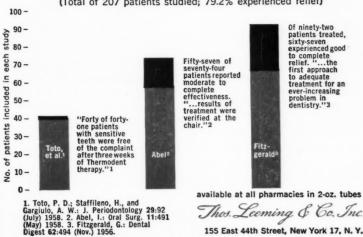
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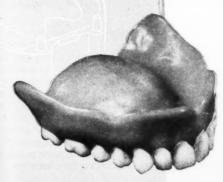
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JADA 49:185.1954

J. Dent. for Children 24:237.1957



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Oral. Surg., Oral Med., & Oral Path. 4:1576, 1951



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Oral Surg., Oral Med., & Oral Path. 5:155,1952

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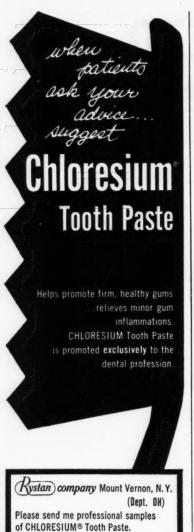




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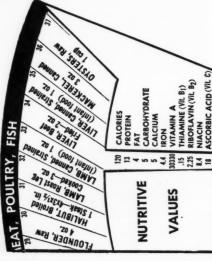
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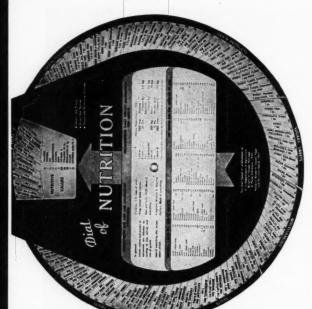
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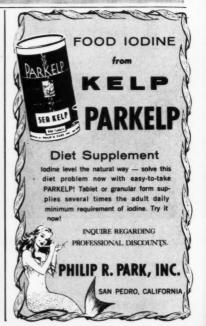


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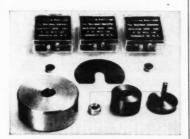
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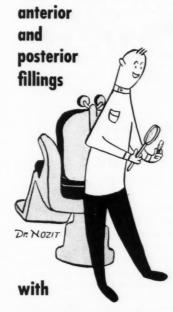
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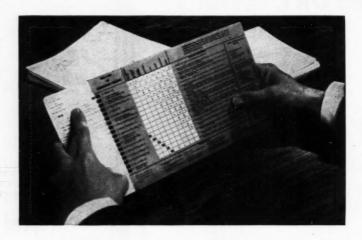
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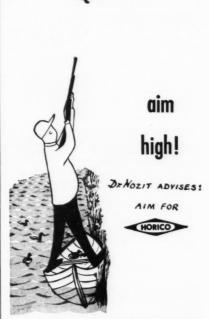
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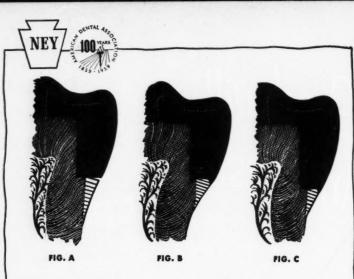
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Fig. B indicates use of a reverse bevel which contributes to the resistance form and helps to guide the inlay to a positive seat during cementation.

Fig. C, the more usual method, shows a bevel of the gingival seat. This prevents the leaving of any loose ends of enamel rods which may fall away while seating the restoration or after the restoration is in service. Here, no free ends of enamel rods are presented along the gingival margin.

(Prepared under the direction of competent dental authority.)



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